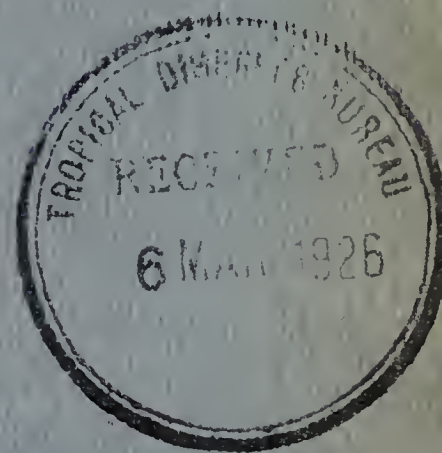


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Borough of Taunton.

ANNUAL REPORT

OF THE

SCHOOL MEDICAL OFFICER

TO THE

EDUCATION COMMITTEE

For the Year ending 31st December, 1925.

TAUNTON :

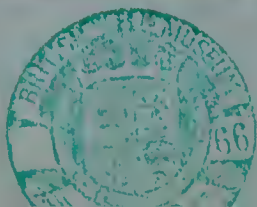
GOODMAN AND SON, THE PHOENIX PRESS.

1926.



*With the Compliments of the
Medical Officer of Health
and
School Medical Officer.*

*Health Dept.,
Corporation Street.*





Borough of Taunton.

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Staff of School Medical Department.

Medical Officer :

JOHN ALLEN, M.B., Ch.B., D.P.H.

Ophthalmologist :

G. P. HAWKER, M.D.

Dental Surgeon (part time) :

A. J. PERCY, L.D.S., R.C.S. Eng.

School Nurses and Attendance Officers :

MISS J. BELLCHAMBERS.

MISS S. B. COLLINS.

Dental Nurse (part time) :

MISS A. E. CUMSTOCK.

Clerk :

G. J. A. WILKINSON.

Employment of Children Officer :

P.C., D. ARNOLD.

School Medical Officer's Report.

SCHOOL MEDICAL DEPARTMENT,
CORPORATION STREET,
TAUNTON,

10th February, 1926.

THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE,
TAUNTON.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to submit to you my Seventh Annual Report on the work of this Department for the year ending 31st December, 1925.

I have examined one-third of the average number of children on the roll during routine inspections at the Schools, and found that 20% of these required treatment for various defects. This proportion agrees very closely with that of 20·2% for the whole country.

The attendance of parents at these routine inspections was very good.

The provision for medical treatment is given in some detail on pages 19 and 20, and this, as judged by the requirements of the Board, is now made complete by the inauguration of an orthopædic scheme and X-ray treatment for ringworm in 1925.

The arrangements for the treatment of children with defective vision approach very closely the standard set by the Board, and will probably attain this in 1926.

A special enquiry into the number of children suffering from certain special defects, such as feeble-mindedness and tuberculosis, was made during the year. The numbers found exceed very considerably those estimated by the Board. It would not be a correct deduction that there is such an excessive number of defective children in this area as compared with others ; for the

Chief Medical Officer, in his Report for 1924, states that "the figures in the estimate of the Board suggest that there are large numbers of physically and mentally defective children who are not yet recorded in the Authorities' returns." I believe that those for this area are an accurate and comprehensive return.

A special school on open air lines provides the only solution for the proper education of at least 120 of these children. The sudden and complete change about in the policy of the Board renders the provision of such a school impossible at present.

I have to express my indebtedness to the Teachers of all the Schools and the Staff of this Department for their help and co-operation.

I am,

Ladies and Gentlemen,

Your obedient Servant,

JOHN ALLEN.

Report of the School Dental Officer

For the Year 1925.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

It is with pleasure that I am again able to report favourable progress at the Clinic during the last twelve months.

The fourth round of the Schools was completed on November 11th last, and occupied twelve months and a week.

It is interesting to note the lengths of time taken to complete each round of the Schools since undertaking the dental treatment of children of all ages. These are as follows :—

The 1st complete round occupied 2 years and 3 months.				
„	2nd	„	„	1 year and 5 months.
„	3rd	„	„	1 year and 2 months.
„	4th, just terminated,			1 year and 1 week.

Each year has shown a marked improvement in general cleanliness ; there are still many, however, who need treatment badly, and these are found amongst those who refuse treatment ; but the percentage of these is small compared with those who avail themselves of the advantages offered.

I have often wished to compare our attendance with that of some other town or towns, and recently I have had that opportunity in the case of the City of Birmingham. In this city, according to the Medical Officer's Annual Report for the year 1924 on dental treatment, of the appointments sent out the percentage of attendances rose during the year from 39 to 46, making a non-attendance of 54% for the whole twelve months.

In our case, out of 3,148 appointments sent out during the year, 2,345, or 74%, of the children attended the Clinic, and only 803, or 26%, failed to attend for all reasons. There were also 237 special cases not included in these figures.

One realises that to gain the confidence of the children and the interest of the parents in dental treatment has been, and still is, to a certain extent, an uphill fight ; but with the kind treatment

and considerations which is at all times meted out to the children and their parents this difficulty is being overcome ; certainly this year we have had many attendances from those who have never been before. So many parents imagine that because their children are free from pain there is no call for dental interference ; but when one finds such lack of interest and a total disregard of cleanliness, as far as their mouths are concerned, amongst others whom one would expect to act differently, one can only congratulate those children and their parents who attend the Clinic regularly.

The attendance throughout the year was 2,582. The number of permanent fillings 849, 633 being in permanent teeth and 216 in temporary teeth. The temporary fillings numbered 127 and extractions 1,636.

The number of children inspected was 2,401, and of these it was found that 768 required no treatment whatsoever.

The increasing number of ill-developed jaws is becoming more noticeable every year, the inevitable result of this being irregularity of the permanent dentition. This ill-development is brought about in some cases by the presence in the mouth of decayed and painful teeth, acting as a deterrent to efficient mastication, and in others by an improper diet in early childhood, giving insufficient work for the jaws.

Every effort should be made to prevent this irregularity of the permanent dentition ; for, apart from æsthetic reasons, it leads very quickly to decay of these teeth and, what are even more important, Pyorrhœa and other diseases of the gums, all of which are extremely prejudicial to good health in later life.

Parents who attend the Clinic are always advised as to the importance of this and as to the type of food their children should be given.

The number of children treated free of charge was 483, and the cash receipts amounted to £19 13s. 0d., which is an increase of £2 on last year's total.

I have the honour to be,

Your obedient Servant,

ARTHUR J. PERCY, L.D.S. Eng.,

School Dental Officer.

ANNUAL REPORT

OF THE

School Medical Officer for the Year 1925.

ADMINISTRATION.

At the 25th of December, 1925, there was accommodation for 3,994 children in 19 departments.

The average number on the roll was 3,024; the average attendance was 2,753, giving a percentage attendance of 91·03.

Staff.

The members of this are shown on page 3.

The School Medical Officer is also the Medical Officer of Health and Medical Officer for Maternity and Child Welfare, and gives his whole time to these duties.

The Ophthalmologist paid six visits, each visit consisting of two sessions.

The Dental Surgeon gives six half-days per week during school terms.

The two School Nurses devote about five-sixths of their time to medical work, and about one-sixth to attendance duties.

The Dental Nurse gives six half-days per week during school terms.

The Clerk divides his whole time between Education and Public Health work.

Co-ordination with other Services.

The School Medical, Public Health and Maternity and Child Welfare Departments are all administered by the same Medical Officer and from the same office.

The Health Visitor passes on the card records of children found to have gone to school. These records are examined, and when any defect, such as squint or deformity, is noted, a special defect card is made out, and these children are examined in school at the earliest opportunity. Details of infants seen at the Welfare Centre are treated in a similar manner.

The Somerset County Council have established a series of Orthopædic Clinics in the County. One of these is held in the School Clinic here, and arrangements have been made for the attendance of children from the Borough.

The Tuberculosis Officer of the Somerset County Council, Dr. V. C. Martyn, has been of very considerable assistance, he having seen 36 children sent by me.

The aid of the National Society for the Prevention of Cruelty to Children was asked in respect of three children who were grossly neglected. The Inspector, Mr. G. McKee, has been able to improve the lot of each of these.

The Taunton and District Tuberculosis Care Committee have rendered very valuable help by supplying extra nourishment and clothing to tubercular children.

The method of co-operation with the Somerset County Council Mental Deficiency Act Committee is dealt with on pages 16 and 17.

Sanitary Condition of the Schools.

A survey of all the Schools was made in May, and a Report presented.

Particular note was taken of the type of desk and form in use. It appears that there are a very considerable number of an old and unsuitable type, but these are now in process of replacement. The survey showed that 1,472 children were using forms or desks of an unsuitable and obsolete type.

I regret having to report that the water closets provided for the girls and infants at Holy Trinity School remain as reported to you last year. Their present condition must render it difficult for any child to use them without a feeling of nausea and disgust. In May the School Managers made some proposals for the improvement of these, but as they were quite inadequate they were not approved. The Board of Education have also refused to approve them, and have advised the demolition of the present offices and the erection of new ones for boys and girls in separate positions.

Meals in Schools.

I find that about twenty children remain in the Schools during the dinner hour and eat a meal they have brought with them. In the majority of cases this appears to be of bread and jam. B

There is no provision in any of the Schools for the warming up of any food brought, but it is possible for the children in three Schools to have the use of a kettle or saucepan and a fire. There is no supervision over these children.

It is possible for girls and infants to obtain a two-course dinner for 4d. at the North Town Domestic Centre, consisting of either meat or fish followed by pudding. This is eaten in the Centre and supervised by Miss Ley. The meal is cooked as part of the course of instruction. About six children avail themselves of this each day.

It is also possible for the children to obtain at the Centre a cup of hot cocoa for 1d. Notice must be given to Miss Ley each morning before 9 o'clock.

Infectious Diseases.

The arrangement whereby the School Nurses, who are also School Attendance Officers, inform me of all children absent from School on account of communicable diseases continues. By this means I get the information at once, and it saves unnecessary returns from the Head Teachers, who are not now required to render me a return of children absent from these causes.

The Measles epidemic which commenced in July, 1924, continued until the end of March, 1925, 162 cases being notified between 1st January, 1925, and 31st March, 1925. No Schools were closed on this or any other account by me.

The returns of the School Nurses gave me information of the following communicable diseases :—

Measles	..	..	..	..	..	26
Whooping Cough	..	..	..	..	..	64
Chicken-pox	..	..	..	..	..	37
Mumps	..	..	..	..	..	104
German Measles	..	..	..	..	..	11
Doubtful Rashes	..	..	..	..	..	8

I visited each case of these when there was no doctor in attendance—to confirm the diagnosis,—and in the doubtful rashes found two cases of Scarlet Fever. This visitation is doing much to educate the parents as to the need for proper isolation and treatment of these diseases. In the Measles epidemic of almost 1,000 cases in 1924-5, there was not one death in any way attributable to this disease.

In consequence of the revision and re-issue of the Memorandum on Closure of and Exclusion from School by the Ministry of Health and the Board of Education in March, 1925, the Regulations issued to the Head Teachers were modified and re-issued in a simpler form, with your approval, in April, 1925.

Action under Article 45 (b) and Article 57 of the Code.

As School closure appears to have no useful effect in either preventing or stemming outbreaks of communicable disease, I have not, in my dual position as Medical Officer of Health and School Medical Officer, recommended the closure of any School or Department.

The attendance having fallen below 60%, I have given certificates as follows :—

St. Andrew's Infant Department : Week ending 4/12/25,
due to German Measles and Mumps.

St. Andrew's Infant Department : Week ending 18/12/25,
due to German Measles and Mumps.

St. James' Infant Department : Week ending 18/12/25,
due to Mumps.

Action under Article 53 (b) of the Code.

As Medical Officer of Health I find, as the result of visits of either the School Nurses or Sanitary Inspectors to the homes of cases of notifiable infectious diseases (including, in addition to those usually notifiable, Measles, German Measles and Chicken-pox), that there may be children from these homes attending public elementary schools. These children are then excluded from School for a definite period, varying according to the disease and other factors. A written exclusion notice is sent to the Head Teacher in respect of each child excluded. In the case of Scarlet Fever and Diphtheria contacts are re-examined by me before they are permitted to resume attendance ; while cases of Tuberculosis, Scarlet Fever, Diphtheria, Ringworm, and Scabies are also re-examined by me before they are allowed to return.

Medical Inspection.

A card register of every school child is kept at this Office. This is revised by monthly returns from each Head Teacher showing all children admitted to or discharged from each School.

These cards are classified by Schools, and serve also as a medical history summary of each child. From these a list is compiled of all children due for inspection under each of the three age groups, namely :—

1. As Entrants, on first coming to school.
2. As Intermediates, between 8 and 9 years of age.
3. As Leavers, on attaining 12 years of age.
4. As Other Groups, children who have been absent when previously due for inspection.

This list is sent to the Head Teacher at least one week prior to the date on which medical inspection should take place, with a request that notices giving the date and time of inspection be sent to the parents of all the children named.

This system was adopted in 1923, and has resulted in a 25% increase in the number of children inspected.

Co-operation of the Parents.

A notice sent by the Head Teacher gives the date and time at which medical inspection will take place, and this is punctually observed. In some instances it is necessary for all the parents to wait in the room where medical inspection is taking place, but wherever possible a separate room has been provided.

The number of parents who were present was 632, or 62·5% of the children examined. This is a 0·2 increase on the proportion present in 1924. This proportion is high in comparison with many other areas, but I should like to see it even higher ; for a personal discussion with the parent may elicit many details which are necessary when considering the health of the child, and does more than dozens of letters in securing the timely remedying of defects.

If during medical inspection some defect requiring treatment has been discovered, and the parent was not present, an endeavour was made to secure the presence of the parent either at a subsequent visit to the School or, if that was not possible, at the School Clinic.

I have no doubt that as this town provides considerable possibilities for the employment of women, this fact militates against a larger attendance of parents, for it is the mother who attends most frequently, although it is gratifying to note that fathers are now coming in an increasing proportion.

REVIEW OF THE FACTS DISCLOSED BY MEDICAL INSPECTION.

Uncleanliness.

The number of children found to require treatment was 13, or 1.2% of the number examined. This figure is the same as that for 1924.

Diseases of the Eye—Visual Defects and Squint.

The number found with Defective Eyesight and Squint was 71, or 7%, and of these 53, or 5.2%, were advised to have treatment. The proportion requiring treatment is less than that throughout the country, which was 6.6% in 1924.

The Chief Medical Officer to the Board states that approximately 5% of the children in an area should pass through the hands of an oculist every year, either as new cases or for re-examination, and that this standard is reached or nearly reached by some Authorities. This gives 150 for Taunton. Actually 131, or 4.3%, of the children in this area were examined by an oculist in 1925, 69 as new cases and 62 as further examinations of children already supplied with spectacles.

Re-examinations are made according to the nature of the defect. For example, children with short sight (Myopia) are examined yearly, and those with Squint at least once every two years.

Dr. G. P. Hawker, the School Oculist, paid six visits of two sessions each to the Clinic and examined 123 children. He prescribed spectacles for 94 of these cases, and by the end of the year 91 pairs had been obtained; that is 96.8% of those for whom spectacles had been ordered had got them. This proportion is good, and compares well with a percentage of 90.5 for the country, and shows that the arrangements for the provision of spectacles are satisfactory. These are briefly—after examination by the oculist, if it is found that glasses are required the parents are given an approximate cost of these and advised where they can be obtained. If the parents are unable to pay this they are asked to complete an income enquiry form. This is then compared with a definite scale, and if the total income is below this the application is put before the School Attendance Sub-Committee for formal approval. This having been given, the spectacles are provided free or at a reduced rate.

A list of names, with the oculist's prescriptions, is forwarded to the optician, and the parents advised to attend there for fitting of the frame. The list indicates those who will pay and those who cannot. Spectacles are issued by the optician direct to those who pay him, and the completed glasses for those who cannot pay are sent to this Department and issued by me. After a definite time the optician gives me the names on his list of those who have not attended for fitting. The School Nurse then visits the home and follow-up letters of three different degrees of intensity are then sent to the parents. These generally succeed in securing the attendance of the child at the optician's. When these fail the case is reported to the Committee for proceedings under the Education Act, and the Clerk writes to state that proceedings will be taken. So far these steps have sufficed without the necessity of proceeding to the Police Court.

The Head Teachers are also given a list of all children attending their Schools who should wear spectacles, those who require special positions, and those whose eye work is limited, and are asked to report any child who does not wear glasses.

Children with Special Defects.

In January, 1925, the Board issued a table giving their estimate—based on returns from selected areas—of the number of children with certain special defects that there should be in any given number of children. This table was compared with the corresponding returns of those children known to the Education Committee at the end of 1924. As the figures for Feeble-minded children and for Physically Defective children varied very considerably from the Board's table, I was instructed by you to make a special survey of these during 1925.

This I have done, and give below the numbers as calculated by the Board and as I find them on 31st December, 1925 :—

				Estimate of the Board.		Taunton.
Blind—Totally	..	..	..	1	..	—
Partly	..	..	..	3	..	2
Deaf—Totally	..	..	..	3	..	3
Partly	..	..	..	1	..	1
Mentally Defective—Feeble-minded				24	..	73

				Estimate of the Board.		Taunton.
Epilepsy—Severe	..	..	..	2	..	3
Slight	..	..	..	—	..	3
Physically Defective—						
Infectious Pulmonary and Glandular Tuberculosis	..	..		2	..	3
Non-infectious but active Pulmonary and Glandular Tuberculosis	..	..	..	5	..	48
Active Non-pulmonary Tuberculosis	..	..	..	4	..	9
Crippled Children	..	..		28	..	74
Delicate Children	..	..		43	..	90

It is perhaps as well to state that I have, as far as possible, reviewed every child shown in this list during 1925, and that I have compiled this list myself.

Some children shown have several defects combined ; e.g., one girl is both feeble-minded and suffering from active tuberculosis ; she appears as a tubercular case. Another child was partly blind, partly deaf and feeble-minded, and appears as a Feeble-minded. Another, a feeble-minded epileptic, is shown as an Epileptic ; but a child with several defects appears once only in this table.

The proportions of Blind and Deaf approximate closely to the figures of the Board, but the Feeble-minded show a very considerable disparity. A special investigation of these was commenced early in the year, and as a preliminary a list was obtained from the Head Teachers of every department, of all children over seven years old who were two or more years behind their normal standard. The number of children who may be classified as backward is supposed to be about 10% ; the lists furnished gave about 150 names, or 5%. To this list were added about 80 names of children who were, from my own observation, backward ; the total list therefore numbered 230.

These children were then examined by me as opportunities arose ; at the School if there was an empty room available, and if not then at the Clinic. If the child was not attending School the examination was made at home or at the Clinic. A visit was made by me to the home in every case in order to obtain a history of the child from the parent and to obtain an idea of the actual home

conditions. In the examination of the child the Stanford revision of the Binet and Simon Intelligence Tests was used, supplemented later by Healy Picture Completion Test I. as standardised by Miss Gaw. This complete examination and report takes on an average about $2\frac{1}{2}$ hours per child.

In all 119 children were examined. One was found normal, 1 physically defective only, 41 to be dull or backward, 61 to be feeble-minded, 9 to be imbeciles, 2 to be idiots, and 4 referred as doubtful cases for examination after an interval.

It must be remembered that the legal definition of a feeble-minded child does not coincide with that of a feeble-minded person; for there are children classified as educationally feeble-minded in this number who will not need either care supervision or control on reaching adult life. On the other hand, there are some children who do not figure in this number for lack of definite information about them who may need certification as feeble-minded on account of unstable temperament or anti-social tendencies.

It will be seen that this investigation gives a figure which is over two-and-a-half times the number estimated by the Board. I can only explain this by the fact that the investigation has been as complete and searching as it was possible to make it, and that I have included no child in this number about whom I have the slightest doubt.

It must be remembered that these children have to be cared for until they become 16, whether there is a special school for them or not. As there are no special educational facilities for them here, 53 are attending ordinary schools, where they are a drag on the teaching of the other children, and obtain little or no benefit from the education provided.

Arrangements have to be made for the supervision of those who are not attending school by visits from the School Nurses, who should report on the physical and mental condition of the child and the circumstances of the home generally. It is also necessary to arrange for similar care for those who cease to attend school at the age of fourteen, and to continue this for all until they become sixteen.

The Somerset County Mental Welfare Association have an Occupation Centre, held in the Y.W.C.A., in Mary Street, which

is open two days per week. There has been some tendency to mistake the functions of this, and it should be understood that this Centre is solely for low-grade feeble-minded or imbecile children. It fulfils a most useful purpose, and is of great benefit to these children and their parents. It is most ably conducted by Miss Penrose. It does not, however, fulfil the purpose of a special school.

The lack of a school of this kind means that these children are not getting the special instruction they need, nor are they subject to the control and training in discipline and order which they especially require.

Another and most important factor is that it is not possible to pass on to the County Mental Deficiency Act Committee children who leave and whose condition indicates the necessity for guardianship unless these are actually attending a special school. It would therefore appear that a school of this kind is necessary.

In such a school the classes should not have more than 20 children each, and the teachers should have special experience in work of this kind. It could with advantage be run as an open-air school.

The Somerset County Mental Deficiency Act Committee is responsible for all children notified to it as Imbeciles and Idiots. It is also given copies of the Medical Reports on all children examined and certified as Feeble-minded, and also of the reports on children who leave your control at the age of sixteen.

Epilepsy.

The number of children known to have Fits is slightly in excess of the proportion allowed.

Tuberculosis.

The number of children known to have this disease is more than five times the standard calculated. It would therefore be as well to explain how these are ascertained.

If on examination I suspect, or even am certain, that a child has tuberculosis I explain this to the parent, and urge the need for further examination either by the family doctor or by the Tuberculosis Officer, leaving the choice to the parent. Of the 51 children examined and referred for treatment in 1925, 36 were

taken to the Tuberculosis Officer. He confirmed 21 of these, referred 5 for further observation, and found no signs in 10. No notifications in respect of the remaining 15 were made by private practitioners.

This accounts for 21 of the 60 children known to have this disease ; 4 were in sanatoria and the remaining 35 were seen and reviewed by me at the end of the year, and all were under the care of the Tuberculosis Officer. All of the 18 children suffering from Active Pulmonary or Glandular Tuberculosis, and not attending School, were excluded by me at the request of the Tuberculosis Officer.

It will therefore be evident that my responsibility for these figures extends only to the discovery of the disease, and that each case on this list has been confirmed by the Tuberculosis Officer.

The County Council are responsible for the treatment of children known to be suffering from this disease, and such children should not, unless it is certain that there is no risk of their being infectious, attend an ordinary open-air school.

Delicate Children.

There are 90 children who may be described as delicate. This description included those who are suffering from "Debility," Malnutrition or Anæmia, who have had Tuberculosis and recovered, or are delicate and living in the same home as a notified case of Tuberculosis, or have Myopia and require special educational provision.

This number is twice that estimated by the Board.

I have seen each child on this list and am convinced that every one would derive considerable benefit from attendance at a school run on open-air lines.

Crippled Children.

Under this heading have to be included children with Deformities, children with various kinds of Paralysis, and also children suffering from Heart Disease of a severe type.

There are 74 children who must be included in this class—that is $2\frac{1}{2}$ times the number estimated by the Board. Actually 54 of these have defects or deformities suitable for treatment at an orthopædic clinic, while 15 have Heart Disease and 5 have Cleft Palates.

This completes the survey of all children known to have special defects.

The Board suggested in a letter of 2nd July, 1925, that a Special School on open-air lines should be set up for the various types of defectives. The types for which this kind of school is especially suitable are :—

- (a) Feeble-minded.
- (b) Delicate.
- (c) Some Crippling Defects.

I estimate that in such a school provision would be required for 60 feeble-minded, 60 delicate and 10 with crippling defects. It would be necessary to separate the feeble-minded from the delicate, but those with crippling defects might well be accommodated with the delicate.

In such a school children come for the whole day and are provided with at least a mid-day meal. Suitable provision is also required for bathing and resting. The education provided should be more practical than theoretical, especially in the feeble-minded section.

FOLLOWING UP.

The object of this is to ensure that the defects found at medical inspection are treated.

The Nurse is provided with a book in which she enters at the inspection the name and other necessary details of each child requiring treatment. She visits the home at suitable intervals to enquire as to the progress of the child and records this.

I visit each school at the latter end of the year and take with me the special defect cards which have been made out for all children needing treatment and re-examine these. When the child has not had treatment an interview is, whenever possible, obtained with the parent and the necessity for treatment stressed. Special methods are necessary in the case of defective eyesight, and these are detailed on page .

MEDICAL TREATMENT.

This is obtainable from the following sources :—

1. The private practitioner.
 - (a) Club.
 - (b) As a private patient.

2. The Taunton and Somerset Hospital.
 - (a) By recommends obtained from subscribers.
 - (b) Through the Local Education Committee for
 - (1) Tonsils and Adenoids, (2) Ringworm.
 - (c) Contributory Scheme, costing 2d. per week, and available for
 - (1) Contributors.
 - (2) Their husbands or wives if not in whole-time work.
 - (3) Their children under 16.
3. The Somerset C.C. Tuberculosis Dispensary.
 - (a) Per private practitioner.
 - (b) Per School Medical Officer.
4. The Somerset C.C. Venereal Diseases Clinic.
5. The Poor Law Medical Service.
6. The School Clinic.
 - (a) For minor ailments.
 - (b) For defects and diseases of the eye.
 - (c) For dental defects.
7. The Orthopædic Clinic, for crippling defects.

The School Clinic.

The total attendances in 1925 numbered 7,104. It is open each day during the school term from 9 to 10 p.m., and on Tuesdays and Fridays until 10.30 a.m.

The minor ailments treated were less than in 1924. I ascribe this to two factors: (1) That there was a diminished number of these; (2) the contributory scheme of the Taunton and Somerset Hospital.

Tonsils and Adenoids.

The number who received operative treatment was 22, as compared with 14 in 1924 and 27 in 1923.

The scheme with the Taunton and Somerset Hospital continues, but parents find that they can get this done with less trouble if either they are in the contributory scheme or get an in-patient recommend for the Hospital. To secure treatment under the Local Education Authority's scheme it is necessary to complete an income enquiry form, which is then considered at the next

meeting of the School Attendance Sub-Committee. When the income is below a fixed standard the whole cost is borne by the Local Education Authority; when the income is above this standard the parent is required to contribute some part of the cost.

Defective Vision and other Defects of the Eye.

The arrangements for this are described on page 13.

Tuberculosis.

The arrangements for this are described on pages 17 and 18.

Crippling Defects and Orthopædics.

The Somerset County Council have adopted a scheme to provide treatment for children suffering from crippling defects. This scheme is for infants prior to attendance at school and for school children.

The central unit is the Combe Park Orthopædic Hospital, at Bath, where the Somerset County Council have agreed to maintain 24 beds.

Clinics have also been established at convenient centres in the county, including one in Taunton.

Miss Forrester-Brown, M.S., M.D., who is one of the surgeons at the Combe Park Hospital, attends the Taunton Clinic on the second Friday in each month. A specially trained After-care Sister has also been appointed by the Somerset County Council, and she attends the Taunton Clinic every Friday excepting the third in each month.

All new cases are referred to the surgeon's days, while others requiring massage and other remedial treatment attend as instructed by the sister.

Mrs. Scott has very kindly agreed to look after the voluntary section, and has gathered together a very capable band of helpers.

It was decided to participate in this scheme and to help it by allowing the Orthopædic Clinic to be held in the Lecture Hall free of cost, and that payment be made to the Somerset County Council in proportion to the number of attendances of Borough and County cases, excepting from the children from the Borough suffering from Tuberculosis, as the Somerset County Council are responsible for the treatment of these.

As regards cases requiring hospital treatment, these are admitted through the County Council, but payment for their treatment in hospital is made direct by you to the hospital.

The first Clinic was held on the 11th September, 1925, and succeeding ones on 13th November and 4th December. Thirty-four children were recommended to attend and thirty-one attended ; the parents of the three other cases refused.

Of the thirty-one attending, operative treatment at Combe Park Orthopædic Hospital was advised for four. Two agreed and have had this ; two refused and have ceased to attend.

Remedial appliances were advised for twenty, and nineteen have obtained these

Remedial exercises were advised for five and four have attended for these.

Skiagrams were required for four children and these have been obtained.

The Education Committee have recovered part of the cost of the two children admitted to hospital, and paid for special appliances where the parents have proved that they were unable to pay for them.

Ringworm of the Head.

In consequence of the prolonged absence from school of some cases of this disease an arrangement has been entered into with the Taunton and Somerset Hospital whereby X-ray treatment for this disease can be provided at a cost of £2 12s. 6d. per case. Treatment was provided for one child under this scheme who had been away from school for over one year. This treatment cures only by causing the hairs, including those affected with the disease fungi, to fall out. The X-rays have not in themselves any lethal effect on the ringworm fungus.

OPEN-AIR EDUCATION.

Playground Classes.

Classes are held in the playgrounds of North Town Infant School, St. Andrew's Infant School, Original Infants' School, and Priory Junior School during the warmer months of the year.

School Camps.

During July and August the Somerset County Education Committee opened a summer camp for delicate children in the grounds of the Quantock Lodge Sanatorium. Seven girls were sent by you in July for one month, and six boys in August for a similar period. The experience was greatly enjoyed and was of great benefit to them.

PROVISION OF MEALS.

The canteen, which was closed on 5th July, 1924, has not been re-opened during the year.

EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

It has been resolved that no licences shall be granted for the employment of children on milk rounds, owing to the fact that the morning milk is not ready for delivery before 8 a.m., and that children therefore could not deliver it and comply with the Bye-Laws, which permit delivery of milk only between 7 a.m. and 8 a.m., and no later.

Every applicant for employment out of school hours has to be medically examined by me and found fit.

	Applications.				Found fit.	
Errands	27	...	25			
House Boy	3	..	3			
Street Trading	2	..	0			

Employment cards cancelled, 3.

Employment of Children in Entertainments.

Investigation of a troupe of children who were rehearsing to appear in a pantomime in December disclosed that—

1. Two of these children were under twelve years of age, and were unlicensed.
2. The sleeping accommodation was insufficient.
3. The woman licensed as the matron was not in charge of the children, and had in fact two other troupes on the road.

The two children under twelve were prevented from appearing and all these details were reported to the Rotherham Education Committee, who had granted the licences.

Similar information was also sent to the next town in which these children were appearing.

TABLE I.—Return of Medical Inspections.**A. ROUTINE MEDICAL INSPECTIONS.**

Number of Code Group Inspections—

Entrants	..	..	..	..	..	..	..	362
Intermediates	..	..	..	..	..	..	..	269
Leavers	..	..	..	..	..	..	..	298
Total	..	..	..	..	..	..	..	929

Number of other Routine Inspections 81

Total Routine Inspections 1,010**B. OTHER INSPECTIONS.**

Number of Special Inspections	..	..	..	..	..	..	455
Number of Re-inspections	..	..	..	..	..	..	2,018
Total	..	..	..	..	..	..	<u>2,437</u>

TABLE II.

A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1925.

Defect or Disease.					Routine Inspections.		Special Inspections.	
					Number of Defects.		Number of Defects.	
					Requiring treatment.	Requiring to be kept under observation, but <i>not</i> requiring treatment.	Requiring treatment.	Requiring to be kept under observation, but <i>not</i> requiring treatment.
(1)					(2)	(3)	(4)	(5)
Skin	Malnutrition				15	2	12	2
	Uncleanliness				13	0	6	0
	(See Table IV., Group V.)							
	{	Ringworm :						
		Scalp			0	0	14	0
		Body			2	0	4	0
		Scabies			1	0	2	0
		Impetigo			1	0	31	0
Other Diseases (Non-Tuberculous)			5	0	93	2		
Eye	Blepharitis				6	0	1	0
	{	Conjunctivitis			1	0	4	0
		Keratitis			0	0	4	0
		Corneal Opacities			0	0	0	0
		Defective Vision (excluding Squint)			38	10	8	1
		Squint			15	18	13	1
		Other Conditions			0	3	6	0
Ear	{	Defective Hearing			10	2	3	0
		Otitis Media			10	1	9	0
		Other Ear Diseases			1	1	2	0
Nose and Throat	{	Enlarged Tonsils only			22	21	6	0
		Adenoids only			0	1	0	0
		Enlarged Tonsils and Adenoids			3	1	1	0
		Other Conditions			2	0	3	0
Enlarged Cervical Glands (Non-Tuberculous) ..					8	4	7	1
Defective Speech					3	12	1	1
Teeth					2	0	0	0
(See Table IV., Group IV.)								

TABLE II.—*Con.*

					(1)	(2)	(3)	(4)	(5)
Heart and Circulation.	{	Heart Disease :							
		Organic	5	15	5	0			
		Functional	0	1	0	1			
		Anæmia	0	0	0	0			
Lungs	{	Bronchitis			17	3	6	2	
		Other Non-Tuberculous Diseases ..			0	1	0	0	
Tuber- culosis	{	Pulmonary :							
		Definite	4	14	0	7			
		Suspected	14	3	34	1			
		Non-pulmonary :							
		Glands	0	1	1	0			
		Spine	0	0	0	0			
		Hip	0	1	1	1			
		Other Bones and Joints ..			0	0	0	1	
		Skin	0	0	0	0			
	Other Forms	4	2	2	1				
Nervous System	{	Epilepsy			0	2	0	0	
		Chorea			0	0	2	0	
		Other Conditions			1	3	0	0	
Deformities	{	Rickets			2	2	1	1	
		Spinal Curvature			0	1	0	0	
		Other Forms			7	5	13	0	
Other Defects and Diseases					24	6	40	86	

B. NUMBER OF INDIVIDUAL CHILDREN FOUND AT ROUTINE MEDICAL INSPECTION TO REQUIRE TREATMENT (EXCLUDING UNCLEANLINESS AND DENTAL DISEASES).

Group.	Number of Children.		Percentage of Children found to require treatment.
	Inspected.	Found to require treatment.	
(1)	(2)	(3)	(4)
CODE GROUPS :			
Entrants	362	74	20·4
Intermediates	269	57	21·1
Leavers	298	57	19·1
Total (Code Groups) ..	929	188	20·2
Other Routine Inspections ..	81	14	17·2

TABLE III.

RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA.

			Boys.	Girls.	Total.
Blind.	1. Suitable for training in a School or Class for the totally blind.	Attending Certified Schools or Classes for the Blind.. Attending Public Elementary Schools At other Institutions .. At no School or Institution			
	2. Suitable for training in a School or Class for the partially blind.	Attending Certified Schools or Classes for the Blind.. Attending Public Elementary Schools At other Institutions .. At no School or Institution	2	0	2
Deaf.	1. Suitable for training in a School or Class for the totally deaf or deaf and dumb.	Attending Certified Schools or Classes for the Deaf .. Attending Public Elementary Schools At other Institutions .. At no School or Institution	3	0	0
	2. Suitable for training in a School or Class for the partially deaf.	Attending Certified Schools or Classes for the Deaf .. Attending Public Elementary Schools At other Institutions .. At no School or Institution		1	1
Mentally Defective.	Feebleminded (cases not notifiable to the Local Control Authority).	Attending Certified Schools for Mentally Defective Children Attending Public Elementary Schools At other Institutions .. At no School or Institution	30	23	53
	Notified to the Local Control Authority during 1925.	Feebleminded Imbeciles Idiots	5 1	1 1	1 2

TABLE III.—*Con.*

			Boys.	Girls.	Total.
Epileptics.	Suffering from severe epilepsy.	Attending Certified Special Schools for Epileptics ..			
		Attending Public Elementary Schools	1		1
		In Institutions other than Certified Special Schools		1	1
		At no School or Institution	1		1
Physically Defective.	Suffering from epilepsy which is not severe.	Attending Public Elementary Schools		2	2
		At no School or Institution			
	Infectious pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	1	2	3
		At other Institutions ..			
		At no School or Institution			
	Non-infectious but active pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board			
		At Certified Residential Open Air Schools ..			
		At Certified Day Open Air Schools			
		At Public Elementary Schools	18	12	30
		At other Institutions ..			
	Delicate children (e.g., pre-or latent tuberculosis, mal-nutrition, debility, anæmia, etc.	At no Schools or Institution	14	4	18
		At Certified Residential Open Air Schools ..			
		At Certified Day Open Air Schools			
		At Public Elementary Schools	46	38	84
		At other Institutions ..			
	Active non-pulmonary tuberculosis.	At no School or Institution	2	4	6
		At Sanatoria or Hospital Schools approved by the Ministry of Health or Board	1	0	1
		At Public Elementary Schools	3	2	5
		At other Institutions ..			
		At no School or Institution	2	1	3
	Crippled Children (other than those with active tuberculous disease), e.g., children suffering from paralysis, etc., and including those with severe heart disease.	At Sanatoria or Hospital Schools approved by the Ministry of Health or Board			
		At Certified Residential Cripple Schools			
		At Certified Day Cripple Schools			
		At Public Elementary Schools	32	34	66
		At other Institutions ..			
		At no School or Institution	4	4	8

TABLE IV.

RETURN OF DEFECTS TREATED DURING THE YEAR ENDED
31st DECEMBER, 1925.

TREATMENT TABLE.

GROUP I.—MINOR AILMENTS (EXCLUDING UNCLEANLINESS, FOR WHICH SEE
GROUP V.).

Disease of Defect. (1)	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme (2)	Otherwise. (3)	Total. (4)
SKIN—			
Ringworm-Scalp	13	4	17
Ringworm-Body	5		5
Scabies	1	2	3
Impetigo	33	1	34
Other Skin Diseases	7	3	10
MINOR EYE DEFECTS—			
External and other, but excluding cases falling in Group II. ..	22	8	30
MINOR EAR DEFECTS	25	6	31
GOITRE	31		31
MISCELLANEOUS (e.g., minor injuries, bruises, sores, chilblains, etc.)	100	13	113
Total	237	37	274

TABLE IV.—*Con.*

GROUP II.—DEFECTIVE VISION AND SQUINT (EXCLUDING MINOR EYE DEFECTS TREATED AS MINOR AILMENTS—GROUP I.).

Defect or Disease. (1)	Number of Defects dealt with.			
	Under the Authority's Scheme. (2)	Submitted to refraction by private prac- titioner or at hospital, apart from the Authority's Scheme. (3)	Otherwise. (4)	Total. (5)
Errors of Refraction (includ- ing Squint, but not including operations)	57	5	0	62
Other Defects or Diseases of the Eyes (excluding those recorded in Group I). ..	4	3	0	7
Total	61	8	0	69

Total number of children for whom spectacles were prescribed—

(a) Under the Authority's Scheme	53
(b) Otherwise	5

Total number of children who obtained or received spectacles—

(a) Under the Authority's Scheme	52
(b) Otherwise	5

GROUP III.—TREATMENT OF DEFECTS OF THE NOSE AND THROAT.

NUMBER OF DEFECTS.

Received Operative Treatment.			Received other forms of Treatment.	Total number treated.
Under the Authority's Scheme, in Clinic or Hos- pital. (1)	By Private Practitioner or Hospital, apart from the Authority's Scheme. (2)	Total. (3)		
1	21	22	6	28

TABLE IV.—*Con.*

GROUP IV.—DENTAL DEFECTS.

1. Number of Children who were :—										
(a) Inspected by the Dentist :										
Aged :										
Routine Age Groups	{	5	..	..	252	}	Total	..	2,401	
		6	..	..	188					
		7	..	..	209					
		8	..	..	203					
		9	..	..	277					
		10	..	..	308					
		11	..	..	294					
		12	..	..	310					
		13	..	..	305					
		14	..	..	53					
		15	..	..	2					
Specials	..	..	..	..	..	..	..	..	241	
Grand Total									2,642	
(b) Found to require treatment									1,633	
(c) Actually treated									1,145	
(d) Re-treated during the year as a result of periodical re-examination									371	
2. Half-days devoted to										
{				Inspection	..	28	{	Total	..	254
{				Treatment	..	226				
3. Attendances made for treatment										2,582
4. Fillings										
{				Permanent Teeth	..	633	{	Total	..	849
{				Temporary Teeth	..	216				
5. Extractions										
{				Permanent Teeth	..	77	{	Total	..	1,636
{				Temporary Teeth	..	1,559				
6. Administrations of general anæsthetics for extractions										nil
7. Other operations										
{				Permanent Teeth	..	115	{	Total	..	127
{				Temporary Teeth	..	12				

GROUP V.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

1. Average number of visits per School made during the year by the School Nurses									
									5
2. Total number of examinations of children in the Schools by the School Nurses									
									8,032
3. Number of individual children found unclean									
									110
4. Number of children cleansed under arrangements made by the Local Education Authority									
									6
5. Number of cases in which legal proceedings were taken :									
(a) Under the Education Act, 1921									
									nil
(b) Under School Attendance Bye-Laws									
									nil



